

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004452

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 183

STATE FILE NUMBER

FILED JAN 29 1963

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

RICHMOND HEIGHTS

Length of stay in 1b

2 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

ST Mary's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY

OR

TOWN

ST. LOUIS

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

#7 Gast Place

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Darren Christopher Fiala

4. DATE

Month

Day

Year

OF

DEATH

1-17-1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-15-1963

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days

Hours Min.

2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Dale Fiala

13b. MOTHER'S MAIDEN NAME

Dorothy Ball

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Dale Fiala #7 Gast Pl.

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Prematurity

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

7/6/63

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

-

20f. CITY, TOWN, OR LOCATION

-

COUNTY

-

STATE

-

21. I attended the deceased from

1-15-63

to

1-17-63

and last saw him alive on 1-16-63

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Marshall Sherman, M.D.

(Degree or title)

22b. ADDRESS

950 Francis Pl

22c. DATE SIGNED

1-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-18-1963

23c. NAME OF CEMETERY OR CREMATORY

Bellevue

23d. LOCATION (City, town, or county)

ST. LOUIS MO

(State)

24. FUNERAL DIRECTOR

O'SULLIVAN-MUCKLE-KRON MORTUARY

ADDRESS

8806 JENNINGS ROAD

25. DATE RECD. BY LOCAL REG.

1-18-63

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Marshall Hechman
9507 Francis 9-5
Pa 1.4410

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Not Embalmed
Signed _____
O'SULLIVAN-MUCKLE-KRON MORTUARY
8808 JENNINGS ROAD
August Shon J.
Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.